



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 48669 (R2/2-05)
SDH Form 51-0001

**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <i>Friendly Stop</i>	Telephone Number <i>(768) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>8-27-19</i>	ID # <i>27</i>
Establishment Address <i>701 E Main St Gas City</i>	Owner <i>674-5444</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>Kam Patel</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 1 R 1</i>	
Owner's Address <i>13256 Mink Ln Carmel IN</i>		Menu Type (See back of page)	
Person in Charge <i>Max</i>		<i>1</i> <input checked="" type="checkbox"/> <i>2</i> <input type="checkbox"/> <i>3</i> <input type="checkbox"/> <i>4</i> <input type="checkbox"/> <i>5</i> <input type="checkbox"/>	
Responsible Person's E-mail			
Certified Food Handler <i>N/A</i>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
<i>439</i>	<i>C</i>		<i>Clorox Chemical stored on ledge of 3 bay sink</i>	<i>Removed.</i>
<i>298</i>	<i>NC</i>		<i>Inside microwave is soaked w/ dried food</i>	<i>Today</i>

Received by (name and title printed): <i>Max</i>	Inspected by (name and title printed): <i>Debra Smith RSPD</i>
Received by (signature): <i>Max</i>	Inspected by (signature): <i>Debra Smith RSPD</i>
cc:	cc: